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Acupuncture Policy Guidelines (MN)

Working Version
NOT READY FOR DISTRIBUTION

Confusion exists over clinical practice guidelines and standards for Licensed Acupuncturists (LACs), as well as their use of diagnostic and procedural coding.

Though other professionals may perform acupuncture as well, possibly under a more restricted scope, most acupuncturists perform acupuncture as part of Chinese or other East Asian systems of medicine. These systems are based on knowledge of the patient in the context of the family, community and environment, emphasizing lifestyle, disease prevention and health promotion. These social determinants of health are not separate from the acupuncture treatment, but rather part of both what informs an acupuncture treatment and contributes to its efficacy. Acupuncturists are mid-level providers that offer a whole-health approach that can help lower the burden of healthcare systems by offering comprehensive lifestyle intervention, and drug-free relief for pain, behavioral health, and other problems.

The Acupuncture Practice Act, chapter 147B of Minnesota statutes, defines the scope of practice for acupuncturists as **Qualified Healthcare Professionals**. Acupuncturists are authorized to “assess,” “diagnose” and “treat” patients independently within their defined scope of practice.

Acupuncturists independently evaluate a patient prior to service. Typically, both the initial evaluation and first acupuncture treatment are performed on the same day.

Evaluation and Management (E/M) Codes

Acupuncturists are generalists, not specialists, that review multiple systems to determine an appropriate treatment, even when treating simple musculoskeletal pain. Payers should expect E/M to be billed with a new patient and for reevaluation at regular intervals, or when an established patient’s condition changes and requires a significant, separately identifiable diagnosis.

In office new patient E/M codes (99202 through 99205) and established patient reevaluation codes (99211 through 99215) are appropriate based on time when counseling and/or coordination of care is more than 50% of the E/M portion of the encounter or based on history, examination, and medical decision making. They should be appended with a -25 modifier when billed with a same-day acupuncture treatment. This is not an all inclusive list; other E/M codes may be appropriate based on place and level of service.

It is not typical for LACs to bill E/M codes with each acupuncture treatment. Per AMA CPT guidelines, E/M services that are expected to be performed during every acupuncture treatment should be included in acupuncture service time. CPT guidelines for typical service times include:
Pre-service is 3 minutes and includes greeting the patient and a brief interval history.

Intra-service is time for actions connected to the acupuncture procedure such as: hand washing, patient positions, locating and cleaning the points, inserting and stimulating the needles, checking on the patient, removing the needles. This does not include needle retention time without direct patient monitoring or communication.
Post-service is 3 minutes and includes charting and any instructions to the patient.

If pre and post service time substantially exceeds 6 minutes, it is appropriate to bill an appropriate level of E/M code, with chart notes that accurately reflect that work.

Acupuncture CPT Codes

Acupuncture service is listed under time-based CPT codes that are intended for personal one-on-one contact with the patient specific to providing the service of acupuncture. This should not include needle retention time without direct patient monitoring or communication.

Code	Description	MUE
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	1
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient.*	3
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	1
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient.*	2
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient.	3

*CPT code descriptions use the term “re-insertion” to describe additional 15 minute codes, which should be interpreted to indicate additional time specific to providing acupuncture service, as re-insertion of needles would violate clean needle technique.

Acupuncture treatments provided by an LACs may range in acupuncture service time from 30-60 minutes. The Medically Unlikely Edits (MUE) values, the maximum units of acupuncture services allowed per date of service, are recommended in accordance with CPT code descriptions and CMS guidelines and Correct Coding Initiative Medically Unlikely Edits (MUE) values. While CMS has set acupuncture MUEs to 3/45 minutes, this is for a single diagnosis of low back pain, and not applicable to LACs as they are not yet admitted as Medicare providers.

MDs following “medical acupuncture” policies are advised to code for E/M time any time they provide acupuncture service.. Therefore, billing E/M time plus acupuncture service time for each treatment session

would be typical for an MD, with less acupuncture service time then listed for the same face-to-face time as compared to an LAC.

DCs practicing acupuncture in MN under the chiropractic practice act, chapter 148.01 of Minnesota statues, are limited to performing acupuncture as an “adjunct to chiropractic adjustment”, and may not use acupuncture as an independent therapy or separately from chiropractic services. Therefore, shorter acupuncture service times should be expected.

Acupuncture Service Time

Different styles of acupuncture may include different ways of stimulating acupuncture needles and points, such as manual needle stimulation and moxibustion. This should be considered part of the acupuncture service time.

Cupping is a separate and distinct modality, and should be billed separately under appropriate codes (97016).

Confusion exists about what procedures should be included (“bundled”) under acupuncture service codes when performed by an LAC, versus billed separately. A limited amount of lifestyle, emotional, and nutritional counseling, and exercise instruction are typically an intrinsic part of an acupuncture treatment and critical to its efficacy. If service time for such things is more significant, it may be appropriate to bill an appropriate level of E/M code or other CPT code per CPT guidelines and payer policies.

Also, any service within an LAC's scope, including E/M services, can also be performed and billed separately from an acupuncture treatment or acupuncture treatment plan, with reimbursement dependant on payer policies.

Included in both LACs' scope and training are manual therapy techniques (typically referred to as “tui na”) that can be a critical adjunct to acupuncture for the efficacy of the treatment. When LACs provide a limited amount of this service, e.g. to improve mobility in a joint treated with acupuncture, this should be included in the acupuncture service time. Much like a PT, an LAC may also provide manual therapy as a separate service under distinct treatment time. This should be billed separately under a 97140 code, possibly with a -59 modifier.